INCOMENDATION INCOMENDATIO									
Company March Ma	IPDR6702 BUN DATE:	07/23/2006		TPR	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PA	GE: 1	
Company	NOW DILLD.	0772372000							
Marine M									
March Marc									
MATERIA NAME MATE	DDOUTDED		HIGH DENIAL	NUMBER OF					
1000 100		DDOUTDED NAME			DESCRIPTION				
		PROVEDEN NUMB				DINTPLEO	DUNTALD	LIMILLOUD	Inib
144944 1451 146	3404901	SMOKY MOUNTAINM	0	0	*** NO DATA TO REPORT ***				
10 Mars		H/DD/SAS							
10 Mars									
10 Mars			0	0		0	0	2	2
10 Mars				_		U	U		
10 Mars									
1.00 1.00	3404904	WESTERN HIGHLAN	143	84					
PROPERTY INCIDENT TO PETER		DS LME			ELIGIBILITY FILE				
PROPERTY INCIDENT TO PETER									
PROPERTY INCIDENT TO PETER			8534	26	SERVICE FACILITY LOCATION IS N	0	173	3089	2916
1							173	3003	2310
100 OF PECTIFIER, PROTECT AND					PROVIDER. PLEASE VERIFY THE F				
100 OF PECTIFIER, PROTECT AND									
		1	8599	16					
		1	1					 	-
SOM OF PRECISERY, PROVIDER AND			1		- APRICAGA			 	
SOM OF PRECISERY, PROVIDER AND	3404910	PATHWAYS	8599	682	DETAIL NOT COVERED BY COMBINAT				
1					ION OF RECIPIENT, PROVIDER AND				
DATE					BENEFIT PACKAGE.				
DATE									
1000 133 NO BATE AVAILABLE ON FILE TO P		1	11	161		39	1135	2858	1723
ACCESTRANCE SERVICES 10 10 10 10 10 10 10 1		1	1					 	
ACCESTRANCE SERVICES 10 10 10 10 10 10 10 1									
1049412			8000	103					
NOTAL REALT					RICE THIS CLAIM DETAIL				
NOTAL REALT									
NOTAL REALT	3404912		8599	30	DETAIL NOT COURDED BY COMBINAT				
BINITY PACKAGE.	3404911		0000	30					
DATE DATE		Divino illinoi							
DATE DATE									
			11	16		12	62	1832	1770
NYICES IN IPPS. NUCKLENBURG COM 143 585 CLIENT ID NUMBER NOT ON STATE ENTAL HEALT SETAL HEALT SETAL HEALT SETAL HEALT SETAL SETAL HEALT SETAL					DATE				
NYICES IN IPPS. NUCKLENBURG COM 143 585 CLIENT ID NUMBER NOT ON STATE ENTAL HEALT SETAL HEALT SETAL HEALT SETAL HEALT SETAL SETAL HEALT SETAL									
NYICES IN IPPS. NUCKLENBURG COM 143 585 CLIENT ID NUMBER NOT ON STATE ENTAL HEALT SETAL HEALT SETAL HEALT SETAL HEALT SETAL SETAL HEALT SETAL			8935	12	ASTNC INELIGIBLE TO RECEIVE SE				
ENTAL HEALT S18 419 CLAIM DENIED, SUBMITTED BEYOND 41 1394 2320 9									
ENTAL HEALT S18 419 CLAIM DENIED, SUBMITTED BEYOND 41 1394 2320 9									
ENTAL HEALT S18 419 CLAIM DENIED, SUBMITTED BEYOND 41 1394 2320 9									
	3404913		143	585					
FILING THELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE FISCAL YEAR DOS FISC		ENTAL HEALT			EDIGIBILITY FILE				
FILING THELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE FISCAL YEAR DOS FISC									
STILING THEELINIT. PRICE FISCAL YEAR DOS (JULY 1 JUNE			8518	419	CLAIM DENIED, SUBMITTED BEYOND	41	1394	2320	926
8599 190 SETAIL NOT COVERED BY COMBINAT 100 OF RECIPIENT, PROVIDER AND 100 OF RECIPIENT AND 100 OF RECIPIENT, PROVIDER AND 10									
ION OF PRETIDENT, PROVIDER AND		1	ļ		FISCAL YEAR DOS (JULY 1 - JUNE			ļ	ļ
ION OF PRETIDENT, PROVIDER AND			8599	190	DETAIL NOT COVERED BY COMBINAT			-	-
SEMPTIT PACKAGE.		1	0.33	-20				 	
1404916 CROSSROADS BEHA 0 0 NO DATA TO REPORT		1	1					1	
VICRAL HEAL VICRAL HEAL									
	3404916		0	0	*** NO DATA TO REPORT ***				
		VIORAL HEAL							
		1	1					 	-
			0	0			0		0
AN SERVICES DATE DATE		1	1						-
AN SERVICES DATE DATE									
169 DETAIL NOT COVERED BY COMBINAT 19 655 2004 13	3404917		11	319					
TON OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. 79 47 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 1404918 ROCKINGHAM CO M 0 0 *** NO DATA TO REPORT ***		AN SERVICES			DATE			-	
TON OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. 79 47 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 1404918 ROCKINGHAM CO M 0 0 *** NO DATA TO REPORT ***		1	1					 	
TON OF RECIFIENT, PROVIDER AND BENEFIT PACKAGE. 79 47 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 1404918 ROCKINGHAM CO M 0 0 *** NO DATA TO REPORT ***		1	8599	169	DETAIL NOT COVERED BY COMBINAT	10	FFF	2004	1339
79 47 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 5464918 ROCKINGHAM CO M 0 0 NO DATA TO REPORT			1		ION OF RECIPIENT, PROVIDER AND		303	2004	
YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN S404918 ROCKINGHAM CO M 0 0 *** NO DATA TO REPORT ***					BENEFIT PACKAGE.				
YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN S404918 ROCKINGHAM CO M 0 0 *** NO DATA TO REPORT ***				4.0					
PROVIDER TYPE AND SPECIALTY IN 3404318 ROCKINGHAM CO M 0 0 *** NO DATA TO REPORT ***		1	19	4 /				-	1
3404918 ROCKINGHAM CO M 0 0 *** NO DATA TO REPORT ***									-
			 		THE PART OF THE PA			-	
	3404918	ROCKINGHAM CO M	0	0	*** NO DATA TO REPORT ***			1	
			<u> </u>			<u> </u>			
		1		0					
		1	U	U		0	0	0	0
		+	 					+	

PROVIDER		HIGH DENIAL	NUMBER OF		muo	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404919	GUILFORD CO MEN	8599	21	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				Daniel L. L. Production .				
		21	15	DUPLICATE OF CLAIM-SYSTEM	4	56	434	378
		79	10	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404920	ALAMANCE CASWEL	11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE				
	L AREA MH D			DATE				
		0	0		0	3	3	0
3404921		8599	55	DESTRUCTION COMPANY OF COMPANY				
3404921	ORANGE PERSON C	8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	HATHAM AREA			BENEFIT PACKAGE.				
		3411	52	PROVIDER TYPE AND SPECIALTY 07	0	276	4810	4534
				4/113 CANNOT BILL ENHANCED				
		-		BENEFIT SERVICES ON OR AFTER D				
		8000	45	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
					-			
3404922	THE DURHAM CENT	21	1041	DUPLICATE OF CLAIM-SYSTEM				
	ER							
		8599	728	DETAIL NOT COVERED BY COMBINAT	9	2470	4765	2295
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8329	271	CLAIM DENIED ATTENDING PROVIDE				
		0323	272	R CANNOT BE THE SAME AS				
				THE LMA				
3404923	FIVE COUNTY MH	3411	241	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
				BENEFII SERVICES ON OR AFIER D				
		11	91	CLIENT NOT ELIGIBLE ON SERVICE	0	474	2360	1886
				DATE				
		8599	68	DETAIL NOT COVERED BY COMBINAT				
		0393	00	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8599	237	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
		120	212	CLIENT ID NUMBER MISSING OR IN	179	870	7858	6988
				VALID. ENTER CID AND SUBMIT		370	. 550	
				AS A NEW CLAIM				
		8931	149	AMTNC INELIGIBLE TO RECEIVE SE				
		0.731	243	AMTHO INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		<u> </u>					<u> </u>	
3404926	SOUTHEASTERN RE	3411	172	PROVIDER TYPE AND SPECIALTY 07				
	G MENTAL HL			4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		1		BENEFIT SERVICES ON OR AFTER D				
		8599	81	DETAIL NOT COVERED BY COMBINAT	4	441	2783	2342
				ION OF RECIPIENT, PROVIDER AND		441	2703	2342
				BENEFIT PACKAGE.				
		8000	58	NO RATE AVAILABLE ON FILE TO P				
		0000	20	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404927	CUMBERLAND CO M	3412	56	PROVIDER TYPE AND SPECIALTY 07				
	HC			4/113 CANNOT BILL ENHANCED	-			
		1		BENEFIT SERVICES ON OR AFTER D				
		8621	33	60 RESIDENTIAL LEVEL III TREAT	^	120	2684	2564
				MENT RECEIVED, PA IS REQUIRED	9	120	2684	2564
				FOR ADDITIONAL SERVICE.				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	i .	1		1			1	

		1	1	1		1	1	
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
		0	0		0	0	0	0
							0	
3404930	JOHNSTON COUNTY	21	2	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTHC							
		0	0					
		0	0		0	2	3	1
3404931	WAKE CO HUM SVC	8599	202	DETAIL NOT COVERED BY COMBINAT				
	BILLING OF			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		120	147	CLIENT ID NUMBER MISSING OR IN	136	909	10865	9956
				VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
	1		-	NO S NAW CLIPIES				
	1	191	111	CLIENT ID NUMBER DOES NOT MATC				-
	+			H PATIENT NAME				
	1							
3404933	SOUTHEASTERN CT	8536	7	ATTENDING PROVIDER TYPE AND SP				
	R FOR MH/DD			ECIALTY COMBINATION IS NOT				
	1			VALID FOR SUBMITTED BILLING PR				
		8537	6	PROCEDURE IS NOT PAYABLE FOR Y				
		0337	0	OUR PROVIDER TYPE AND	0	18	27	9
				SPECIALTY IN ACCORDANCE TO MEN				
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404934	ONSLOW CARTERET	8535	7037	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.				
	BEHAV HEAL			PLEASE RESUBMIT YOUR CLAIM WIT				
				I I I I I I I I I I I I I I I I I I I				
		8599	392	DETAIL NOT COVERED BY COMBINAT	73	8517	9179	662
				ION OF RECIPIENT, PROVIDER AND	,	0317	52.5	002
				BENEFIT PACKAGE.				
		8537	321	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404935		0	n	*** NO DATA TO REPORT ***				
3404333	WAYNE CO MENTAL HEALTH CTR			NO DILIT TO RELOKT				
	HEALTH CTK							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8599	4	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT	1	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
	+			BERELL LIGHTUE.				
	1	8935	3	ASTNC INELIGIBLE TO RECEIVE SE	2	1.0	3173	3163
	1			RVICES IN IPRS.	3	10	31/3	2103
	1							
		21	2	DUPLICATE OF CLAIM-SYSTEM				
	 							
3404937	<u> </u>	21	a	DUPLICATE OF CLAIM-SYSTEM				
3404337	EDGECOMBE NASH MNTL HLTH C	A-A	-	DOLLIGHTE OF CHAIR-SISTEM				
	PHYLL HLTH C	1	1					-
	+							
		11	3	CLIENT NOT ELIGIBLE ON SERVICE	0	13	1246	1233
				DATE			2240	
-								
		3411	1	PROVIDER TYPE AND SPECIALTY 07				
	1	1		4/113 CANNOT BILL ENHANCED				
	1	1	1	BENEFIT SERVICES ON OR AFTER D				
				1		1		

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8000	31	NO RATE AVAILABLE ON FILE TO P				
	ALTH CENTER			RICE THIS CLAIM DETAIL				
		79	5	THIS SERVICE IS NOT PAYABLE TO	0	51	259	208
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		4102	4	YOU ARE ATTEMPTING TO ADJUST A				
				CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
				FOUND ON OUR FILE OR IS NOT FO				
3404941	PITT CO MH/DD/S	21	1458	DUPLICATE OF CLAIM-SYSTEM				
	AS CENTER							
		143	698	CLIENT ID NUMBER NOT ON STATE	0	3150	3554	404
				ELIGIBILITY FILE				
		191	631	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404942	ROANOKE CHOWANH	21	80	DUPLICATE OF CLAIM-SYSTEM				
	UMAN SERVIC	1						
	1	+						-
		3411	57	PROVIDER TYPE AND SPECIALTY 07	13	248	1066	818
	1	1		4/113 CANNOT BILL ENHANCED				
	+	+		BENEFIT SERVICES ON OR AFTER D	 			
	<u> </u>	10	40	DIAGNOSIS OR SERVICE INVALID F				
-	1	1		OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404943	ALBEMARLE MENTA	11	63	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		21	58	DUPLICATE OF CLAIM-SYSTEM	30	257	1233	976
		8000	26	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404944	EASTPOINTE HUMA	8534	273	SERVICE FACILITY LOCATION IS N				
	N SERVICES			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		79	71	THIS SERVICE IS NOT PAYABLE TO	2	450	1652	1202
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	48	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM	8518	76	CLAIM DENIED, SUBMITTED BEYOND				
	ENTAL HEALT			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		11	63	CLIENT NOT ELIGIBLE ON SERVICE	61	260	260	0
				DATE	0.2	200	200	Ů
	1	1			 			
	+	8931	61	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
	1	1						
3404957	TIDELAND MENTAL	8599	73	DETAIL NOT COVERED BY COMBINAT	 			
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
	1	1		BENEFIT PACKAGE.				
	1	8931	3	AMTNC INELIGIBLE TO RECEIVE SE	4	83	266	183
				RVICES IN IPRS.	`	0.3	200	133
	1	1						
	+	8518	2	CLAIM DENIED, SUBMITTED BEYOND	1			
				FILING TIMELIMIT. PRIOR				
		1		FISCAL YEAR DOS (JULY 1 - JUNE				
3404979	NEW RIVER AREAM	21	306	DUPLICATE OF CLAIM-SYSTEM	 			
	H/DD/SA PRO							
	+	3746	52	RELATED CODES NOT ALLOWED SAME	1	430	453	23
	1	1		DATE OF SERVICE.	1	430	453	23
	1	8599	46	DETAIL NOT COVERED BY COMBINAT	 			
								1
		0000		ION OF RECIPIENT, PROVIDER AND				